THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

VOL. XIX.] WEDNESDAY, AUGUST 29, 1838. [NO. 4.

REPORT ON TYPHOID FEVER.

[REFERENCE was last week made, in the Journal, to the valuable report on typhoid fever, communicated to the Massachusetts Medical Society by Dr. James Jackson, of this city, and several extracts were given. For the benefit of those of our readers who do not, as members of that Society, receive an entire copy of the report, we present further quotations, taken from different parts of it.]

Mercurials.—When the hospital was opened, the use of mercurials had not been relinquished so much by others as by myself; and I still employed them occasionally in the first three or four days of the disease, and still more when any important secondary disease, of an inflammatory character, was added. But the faith in them was lessening from year to year; and they have been given up almost entirely in typhoid fever, since 1830.

In accordance with this statement, I find, on looking at the cases, that mercurials were employed efficiently among those, who entered in the 1st or 2d week of the disease, in fifty-five cases. The whole number who entered in those weeks was two hundred and twenty-nine. Of these fifty-five cases, fifty-three were admitted prior to the year 1831, two in that year, and one in the year 1833. To see the force of this statement, it must be observed that the whole number of cases, prior to 1831, was one hundred and forty-five; and the whole number in 1831 to 1835 inclusive, was one hundred and fifty-eight.

In the year 1833 we began to doubt the benefit of active treatment, or at least of any continued active treatment; though few patients were allowed to go without a cathartic. This doubt was sustained by one of my colleagues, who had the charge of the hospital usually from July to the middle of October, more than by myself. I commonly had the charge for five or six months, from the first or middle of October till March or April. During the years 1833, 1834 and 1835, I usually employed antimonials, according to the method of Odier, in cases admitted in the first week of the disease, and occasionally in those admitted later, except where some objection showed itself in the peculiarity of the case, and except in very slight cases. I also continued the early evacuations, but did not so often employ cathartics after the first days, as I had previously done.

Number of Cases.—The whole number of cases, sufficiently well marked to be the subjects of a critical inquiry, was 303. In addition to these, there were 65 cases which may be regarded as doubtful. In some of these, the details on record are insufficient to be the foundation of a clear diagnosis. In some there is no doubt, and in others very little, as to their claim to be admitted as cases of typhoid fever. But the details in these are insufficient to enable one to determine the period at which disease commenced, and, therefore, the cases are of little value, as to most points. They ought, indeed, to be kept in view, when calculating the proportion of fatal cases. It would be safe to say, that, of these 65 cases, 40 should be admitted as cases of typhoid fever. One only of the 65 cases terminated fatally.

Fatality of the Disease.—Of the 303 cases, 42 proved fatal; that is, 1 in 7.214 was fatal. But if we add the 40 cases, among which there was one death, we find 1 fatal case in 8 nearly. In all future calculations, 303 will be regarded as the whole number of cases.

Sex.—The whole number of males was 208; and that of females 95. It would be improper to ground any calculation, as to the relative frequency of the fever in the two sexes, upon this statement. It is probable that females have never resorted to the hospital so readily as men have; it is certain that this was true the first years after its establishment. In 1821 there was not any case. In 1822 to 1826, inclusive, there were 54 male, and 11 female patients; making the whole number 65, affected with typhoid fever; so that 1 in 6, nearly, was a female. In 1827 to 1835, inclusive, there were 154 male and 84 female patients; in the whole 238, so that 1 in 3, nearly, was a female. Even here, perhaps, the proportion of females affected with this disease was less than that which actually occurs in the whole community. Yet it is true, as I believe, that this disease occurs among men much more frequently than among women.

Among the males there were 28 fatal cases, and among the females 14; so that among the males 1 in 7.392 cases was fatal. Among the females 1 in 6.785 was fatal.

Age.—The age was recorded in 291 cases, and among these the average age was 23.309 years. Among the cases which terminated favorably, the average age was 22.980. There was a difference between the males and females, for the average age among the males was 22.908; while among the females it was 24.044, being more than a year greater in the females than in the males.

The ages were recorded in 27 of the fatal male cases, and among them the average was 24.926. They were recorded in all the 14 fatal cases among the females, and the average was 26.071. In the 41 cases taken together, the average age was 25.317. Thus it appears that the average age was about two years more in the fatal cases than in all the cases taken together, and about 2 1-3 years more than in the cases not fatal. A more minute examination into this subject confirms more strongly the influence of age on the event in this disease.

In the whole number, whose ages were recorded, viz., 291, there were 16 aged 35 or upwards, and of these 4 died, or 1 in 4; whereas in all the 303, there died 1 in 7.214. And there were 34 cases where the age was 30 or upwards, and of these 8 died, or 1 in 4¼, nearly in the same proportion as in those of 35 years or upwards. If we deduct these 34 from 291, we leave 257, who were under 30 years of age. As there were 42 deaths in the whole, and in 1 of the fatal cases the age was not ascertained, and as there were 8 fatal cases in the 34, it appears that there were 33 fatal cases among the 257. Among these, therefore, 1 case in 7.787 was fatal. Again, there were 87 cases in which the ages were 20 or under, and among these there were 8 fatal; so that among these the fatal cases were in the proportion of 1 in 10.875 cases.

Predominance of particular symptoms.—It is well known that at certain periods, typhoid fever and other acute diseases are unusually severe and unusually fatal. In like manner certain symptoms appear more frequently, or with unusual severity, at particular periods. This has attracted my notice, when engaged in practice, and was quite manifest in taking off from the hospital records the notes on which this report is founded. I will state a few instances, derived from a hasty review of those notes.

In all the cases together, 1 in 2 had a dry tongue. In the latter part of 1828 and beginning of 1829, there were, in 11 successive cases, 9 which had this symptom. In 1831, in 15 successive cases, there were 11 with the same. In 1834, this symptom was noted in 10 of 12 successive cases. And in 1835, it was noted in 22 of 27 successive cases.

Epistaxis occurred in 1 of 4 of all the cases. In 1834, of 12 successive cases at one period, it occurred in 7, and of 14 successive cases at another, it occurred in 10; making 17 in 26; that is, in nearly 2 out of 3.

In 1834 the whole number of cases was 34. Among these, watchfulness was noted in 15, or rather less than half. The proportion in the whole number of cases was 1 in 3.65. But these 15 cases were not scattered through the year; for five of them were the first five cases in the year, and seven of them were in 10 successive cases near the end of the year.

In 1835 the whole number of cases was 35. Among these, watchfulness was noted in 17 cases, very nearly half. But 5 of the 17 occurred in 6 successive cases, and 8 occurred in the 10 last cases of the year; so that in these 16 cases, there occurred 13 of the 17 cases, which belonged to the whole year.

In 1833, on the other hand, I find two instances, in each of which, this symptom was absent in 7 successive cases.

Deafness occurred in 1 case in 6.73. In 1833, in 8 successive cases, 7 were attended by deafness. It occurred in only 5 other cases in that year, though the whole number was 37.

In 1829 there were 25 cases, of which one only occurred in January and was fatal. This belonged to the year preceding; I mean that it might be supposed to have its character from that of the autumn of 1828. The first of the other 24 cases was admitted in the spring. None of these 24 were fatal. Among them cerebral symptoms appeared much less than in the average of all the cases. Thus watchfulness was noted in 7; delirium in 4; somnolence and subsultus tendinum each in 1. On looking back, it will be seen that, except the watchfulness, all these symptoms were in much less proportion than in the whole number of cases, and even than in all the favorable cases. In the one fatal case in 1829, somnolence and delirium were noted, the last being unusually severe. I think proper to add, though I can make no inference from the statement, that in 1829, headache is noted as unusually severe in a large proportion of cases; that is, in 13 of the 24 cases. The only case in the year in which it was not noted, was the fatal case. This is readily explained, when it is added that the case was marked by stupor and great delirium, which prevented a knowledge of the patient's sensations after his admission, as well as of their history previously.

In looking over those years in which the symptoms were most accurately noticed, I do not find the headache marked as unusually severe in any proportion near to that above stated. The greatest proportion in any other year, is nearly 1 case in 4.

To the foregoing remarks I will add only that in 1827, chills were very frequently noticed during the progress of the disease; and that in 1830, the exacerbations of fever were unusually severe in many instances, giving the disease a remittent character.

Relapses.—In cases of measles, smallpox and other diseases, dependent on specific morbid poisons, we never see a relapse of the disease. The smallpox, having run its course, will not appear again, whatever imprudence the patient is guilty of during convalescence. I think it is not so with typhoid fever. An error in diet and regimen is often followed by a new train of symptoms, after convalescence from this disease; and these appear to me to be such as belong to this fever. It is, however, true that they are not always so strongly characteristic, as to leave no doubt on the subject. If, however, they are carefully noted, they will not be found to accord with any other disease. I hope by these remarks to call such exact attention to the subject as may decide this point hereafter.

Contagion.—The question frequently arises, whether this disease is contagious; in other words, whether it can be communicated from one who has it to one who is in health, or who is free from this disease at least.

If I were to answer from general experience, I should say that instances occur, in which there is much in favor of the affirmative; but that in the great, very great majority of instances, there is not any such evidence. At times the typhoid fever extends through every part of a town or city; at other times it is limited to a district more or less narrow; and at others, it will be found limited to a few families in a city, these families being widely separated from each other. In only one instance have I ever known this family disease occur twice in the same house, and then it was in the same family. It was in a very old house, being the memorable house recently taken down, which was said to have been built by the celebrated Sir Henry Vane. I have, however, known this *family fever* occur in the most cleanly houses, and once in a perfectly new house, into which a very respectable family of the most cleanly habits moved in the autumn; having spent the summer in the country, and in good health. In this instance one of the family, a boy, resided at his grandfather's in a distant part of the town, but was at his father's house very often. He had the disease at his grandfather's, and literally died in his grandmother's arms, yet none of the grandfather's family had the disease. I have already referred to this subject in part.

But what evidence do the hospital cases afford on this subject? I may say, that occasionally, our patients stated that they came from families where the disease existed, and in a very few instances they had been nursing the sick. As to our hospital nurses and servants, I have collected all the cases in which they had the disease. It should be noted, first, that none of these were old, rarely one above forty, most of them under thirty; and that among them, being usually from 20 to 25 in number, there were frequent changes. Thus in 12 years there have been many of them, probably 200. Also, they were often fresh from the country. They were, therefore, fair subjects for the disease.

In our 303 cases, 20 were nurses, or servants of the hospital, residing in it. Except the nurses, however, they had not much intercourse with the sick. One was in 1824; 1 in 1827; 1 in 1828; 5 were in 1829; 6 in 1831; 3 in 1832; 1 in 1833; 1 in 1834, and 1 in 1835.

It is first to be remarked, that the number of inmates of the hospital, affected with the disease, did not bear any proportion to the numbers admitted with it, in the several years respectively. Nor did they occur most in the years when the disease was most severe. It was in 1833 that the disease was most severe in its character, and only one of the inmates had it that year. In 1829 it was the most mild, and in that year five of the inmates of the hospital had it. It would be very difficult to trace out the particular chances for exposure in each case. But in regard to four of those in 1831 the circumstances are so peculiar as to merit a particular statement.

In 1831 the first patient was admitted in January, the second in May. This last was not a severe case; the patient was convalescent on the 21st day, and was discharged well on the 31st day of the disease, viz., on the 9th of June. No other case was admitted before four of the hospital inmates were taken sick with the fever. These were admitted to the wards from June 29th to July 5th, and on July 26th a fifth was admitted. Although admitted on different days, three of the first four were taken sick on the 25th and 26th of June; the fourth on the 2d of July; and the fifth on the 24th of July. In the first week of July there were admitted two patients, with the same disease, from abroad; these were persons who had not had any connection with the hospital; they were taken sick on the 22d and 26th of June.

It is difficult to persuade one's self, that in these instances, occurring when the hospital was so free from the disease, contagion had any influence.

It should be added, that our hospital pupils have not been more frequently affected with the disease, than others of the same age. Of course this statement is not founded on an exact comparison; it would be difficult to do this; but I am quite satisfied of its accuracy.

Treatment.—In reviewing the statements which have been made in respect to treatment, we may, I think, adopt the following conclusions;

at least, we may adopt them, as rendered probably just, and as worthy to guide us in future efforts for the welfare of those affected with the typhoid, or continued fever of New England.

First, that on the attack of this disease, the patient should immediately desist from labor and mental exertion, abstain from food, except of the simplest liquid food, and place himself in bed, or, at least, in a state of repose.

Second, that free evacuations should be made at the beginning, and that in doing this a day is important. It is better that they be made the first day than the second, better on the second than the third; but that it is especially important that they should be made as early as the third day. That an emetic of tartarized antimony should first be given, and then an active cathartic, or the two in combination. If there is constipation at the time, an active enema, given at first, to disembarrass the bowels, would no doubt facilitate the action of an emetic. If the vomiting and purging are not followed by great relief, venesection should be practised on the following day, unless the constitution should be very feeble or the case very mild.

Third, if the disease has not subsided after the evacuations, tartarized antimony should be given every two hours in increasing doses, after the method of Odier before mentioned. Meanwhile the bowels should be kept open, and, for two or three of the first days, it would be well that calomel should enter into the medicine used for this purpose; not, however, giving more than one moderate dose in a day. It should be noted, however, that, usually, after the antimony has been given for forty-eight hours, this will act sufficiently on the bowels, and that sometimes it must be restrained by opium.

Fourth, that when the disease subsides early under any active treatment, it is quite essential that the patient should be restrained from solid food for two or three days, at least, after he has an appetite for it; and that he then use only vegetable food, in small quantities, for two or three days more. Likewise that he should not be allowed to make any efforts of either body or mind, until his convalescence is fully established. By this it is not intended that he should be confined wholly in bed, but that he should be confined to his chamber, and not allowed to talk on business, nor on any interesting subject.

Fifth, that evacuations, vomiting and purging at least, may be resorted to with advantage in the second week; and that, perhaps, some benefit may be obtained from antimony in small doses, when commenced in that week. But that, after that period, no active treatment should be employed, or none which will cause any serious inconvenience to the patient.

The remarks under the following heads are offered as the result of my experience, as it remains in my mind; but not as deductions made according to the numerical method.

Sixth—as to diet. There is no point, probably, on which all practitioners are more agreed, than that food should be withheld from persons affected with this disease in its early period, except only the mildest, or most bland, liquid articles. Probably food would be injurious in its early period, at leaſt, if it could be digeſted. But it cannot be digeſted perfectly, and often not at all, and that alone ſhould forbid the uſe of it. When the diſeaſe is arreſted or mitigated by treatment, it is very certain that an indulgence in the uſe of food is moſt commonly injurious, and that the cautions already ſtated are not too ſevere. When, however, the patient is fully reinſtated, he muſt be allowed ſome extra food for the recovery of his fleſh and ſtrength. This muſt be done cautiouſly; but an extreme and protracted abſtinence is injurious. When the diſeaſe runs its uſual courſe, and the appetite for food returns, is there any danger in the indulgence of it? To this queſtion I anſwer, in proportion as the return of appetite takes place early, more caution is neceſſary. If it takes place at, or about the end of the third week of the diſeaſe, if it is decided, and if it is accompanied by a cleaning of the tongue, almoſt any article, which the patient craves, may be allowed him with ſafety. The appetite is uſually a ſufficient guide as to the quality of the food; but not as to quantity. In a large proportion of caſes it will be found a moſt uncertain guide, as to quantity. Hence it is neceſſary to begin with ſmall quantities, and to increaſe gradually. It is equally neceſſary to make the intervals long between the portions of ſolid food, which are given in the early period of convaleſcence. At firſt there ſhould be one portion of ſolid food in the day; the next day, if everything is favorable, two portions, with five or ſix hours between them; and two or three days later, watching the effects, three meals may be allowed. But we are not merely to feel the pulſe under theſe circumſtances, to ſee if the fever has increaſed. The danger is not, I apprehend, that the ſyſtem will be too ſuddenly nouriſhed. It is that the enfeebled organs of digeſtion may not be able to digeſt the food. We muſt, therefore, watch all the ſigns which refer to thoſe organs. Only, if the head ſhould ache, or other organs be diſturbed, we ſhould remember that the prominent ſigns of indigeſtion are often ſhown elſewhere than in the ſtomach, and ſtop the food till it appears whether this is not now the caſe. It is alſo to be conſtantly remembered, that conſtipation of the bowels will be followed by indigeſtion, and that evil muſt therefore be guarded againſt.

Seventh—cordials. On this, as under the laſt head, I muſt give the convictions, ariſing from the moſt careful obſervations I have been able to make in many years. I cannot adopt the more accurate mode of the numerical ſyſtem. Nor in this caſe could this ſyſtem be uſefully followed, unleſs with the greateſt attention to the ſtate of each caſe. It has appeared to me that we ſhould not adopt the rule to give cordials, nor to withhold them, in every caſe. When a patient is induced to take cordials reluctantly, they ſeldom benefit him, and are often followed by injury. When he is greatly enfeebled, at a late ſtage of the diſeaſe, he may be ſafely aſked if he wiſhes for them, and if he does, he may try them; they will ſeldom hurt him then, if he takes no more than is grateful to him. When he ſpotaneouſly demands them, as late as the third week, they will almoſt always be found uſeful. Now, in following theſe rules, I have occaſionally found a patient who would take a large quantity of ſome cordial liquor. But this has been rare. Few take them longer than two or three days, and the majority of patients do not take them at all. It is proper to add that by cordials I mean vinous liquors. I have most commonly found cider grateful in the first instance, beginning with an ounce, two or three times a day, and increasing according to the effects. Sound beer, or ale, is more rarely, but sometimes grateful. In patients much exhausted, however, the strong foreign wines, Sherry, Port and Madeira, are found most useful. These articles may be diluted, or may be employed to season articles of diet, or may be given alone, according to the taste of the patient.

ON THE DIVISION OF THE TENDO ACHILLIS AND OTHER TENDONS.

ABSTRACT OF A LECTURE DELIVERED BY MR. LISTON AT THE UNIVERSITY COLLEGE HOSPITAL, LONDON.

In the commencement of his lecture Mr. Liston said the division of tendons for the cure of deformity, was by no means a new proceeding; it was frequently resorted to by many of the older surgeons, among whom were John Mekran, and Mr. Sharpe, a surgeon of Guy's Hospital, nearly a century since, which latter was in the habit of dividing the origin or attachments of the sterno-mastoid muscle, for the cure of torticollis. This operation had been repeated of late years by Sir B. Brodie, by the late Baron Dupuytren, and he (Mr. Liston) had seen cases in which its performance was attended by good results. It was a proceeding, however, which was not frequently called for, inasmuch as the twisted state of the neck was generally produced by disease of the vertebræ, or from a painful swelling or ulcer on the side of the neck, producing such an alteration in the structure of the part, as to render operative proceedings useless. Delpech might justly be considered as the founder of the operation of dividing the tendo Achillis for the cure of club-foot. He had related, in his "Chirurgie Clinique," several cases of varus, as they were called, and described the plans of his apparatus for carrying out his mode of curing them. One or more cases were related in which the tendon was divided. His plan was to make a longitudinal incision on each side of the tendon, through which he slipped his knife and divided the tendon from before backwards. Within the last year or two a great number of cases in which the tendo Achillis had been divided, had occurred, and were related by the operators, Stromeyer, Dieffenbach, Guerin and Dr. Little, who himself was the subject of varus, and had published a thesis on the deformity. This gentleman had also latterly published a number of cases in which the tendo Achillis was divided for the cure of deformity, to which he had given odd and long-sounding names, such as talipes equinus verus, &c. &c. The deformity of the foot presented itself in a variety of forms. When the under part of the foot was turned inwards, the deformity was termed varus. In other cases the foot was turned outwards. The first, however, was the most common deformity, and in this case the toes were turned inwards, the patient rested on the cuboid bone, and the root of the metatarsal bone of the little toe. The bones of the foot in this kind of deformity were little altered in form or appearance. They had attained their ordinary size, and were little distorted regarding their position one with another. After a time, however, if the deformity was not remedied, the bones on the inner side of the foot diminished in size by interstitial absorption; the internal cuneiform, the os calcis, and the soft parts covering them, became altered. The patient rested on this part, the integuments of which became thickened, and a bursa formed in this situation. The limb on the affected side, to the knee-joint at least, lost its size and strength, the muscles becoming soft and flabby, and losing their red appearance. In many cases which were met with the heel was much elevated, owing to the natural shortness of the gastrocnemius and soleus, and their combined tendon; other tendons were also necessarily shortened, while, on the other hand, some tendons, as those of the peronei, were of course elongated. Sometimes, in the deformity called "horse-foot," the patient rested on the distal extremities of the metatarsal bones; this deformity was congenital, sometimes affecting both, sometimes one of the feet. A variety of apparatus had been invented for the purpose of curing these deformities, almost every instrument-maker having a plan of his own. The celebrated Scarpa had recommended one kind of instrument, Delpech another, and Mr. Colles, of Dublin, another. Sometimes the use of an iron, which passed up on each side of the leg, if continued for years, might effect a cure, but there was always much opposition from the contracted state of the tendons, particularly of the tendo Achillis, the division of which much accelerated the cure, leaving the instrument-maker much less to do, or at all events diminishing his difficulties. When the tendo Achillis was divided by accident, it united, after a time, in a favorable manner, a substance being deposited between the ends of the divided tendon; this substance became dense and fibrous, and could not be distinguished from the tendon itself. Horses were subject to an acquired deformity, in which they walked on the point of the hoof of one of their feet. Most of the pupils had seen horses going about with this deformity. Veterinarians had long been in the habit of cutting across the flexor tendons for the relief of this state; they were not at all particular as to the mode in which they performed the operation; they just drew the knife across the leg, and brought the foot into its proper position; the tendons soon united, even though, in some cases, there was a space of three or four inches between the ends of the divided portions; new matter, resembling the original tissue, soon filled up this space, and the cure was completed. It was from reasoning on these facts that Delpech was induced, in 1816, to resort to the proceeding of dividing the tendo Achillis, but he cut through the integuments awkwardly. (Mr. Liston here exhibited several casts, also specimens of the deformity, at various ages, dissected, and a horse's tendon, which had been cut and united.) There, said he, was a specimen of varus; and there two cases in which the foot was permanently extended. The patient, in one case, having walked on his toes with one foot; in the other, both feet were affected from birth. In all these cases the foot was brought into the natural position by division of the tendo Achillis, which proceeding materially assisted the apparatus-maker. He alluded shortly to a case of acquired extension of both feet which had occurred some years ago during a severe attack of rheumatic gout, or rather of gonorrhœal rheumatism. The heels could not be brought within several inches of the ground; the patient had been to watering places, and had been most judiciously and anxiously treated, but without relief. The tendons, in a most rigid state, were divided with great benefit. The operation was easily performed; there was no necessity of dividing the integuments; a small, punctured wound with a very narrow bistoury, or, what was better, with a needle somewhat resembling a cataract needle, being sufficient. He had divided many with that needle (showing it) with scarcely a perceptible external wound. The tendon was first to be felt for, and being found, the instrument was to be passed close to it, between it and the bone; there were no blood-vessels or nerves likely to be wounded; the point of the instrument was then to be turned towards the tendon, which was to be tickled through and divided gradually; the division was indicated by an audible snap. There was a slight effusion of blood internally about the ends of the divided tendon, but there was no mark or external injury, no swelling, inflammation, or its consequences. The extremities of the tendon soon poured out plastic matter, and this uniting medium, at the expiration of about ten days, might be extended by means of the apparatus employed for this purpose, and in six or eight weeks the foot would be brought into its natural position. In this case (showing a cast) the patient's foot was not only extended, but turned inwards. A cure was effected by a rod which passed up the inner side of the foot. In this case (showing another cast) the patient had distortion of the spine accompanying the deformity of the foot. In two months after the division of the tendon he was able to walk about, the foot being in the natural shape, and altogether of a better form; there was only a little bulging to be perceived in the situation of the divided tendon. There (showing the bones of a foot) was a case in which all the bones were altered in form; the os calcis was smaller than usual. This patient walked all his life on the outside of the foot; a large bursa had formed underneath the thickened cuticle.

The division of tendons answered the purpose of curing deformities in other situations. A case had been in the hospital in which the knee-joint was contracted. The tendons of the semi-membranosus and semi-tendinosus were divided. The contraction, in this case, resulted from an attack of rheumatism some time since. After the tendons were divided, a screw-joint apparatus was applied similar to that used in fractures of the bones of the leg, by which means the leg could be gradually extended from day to day, by turning the screw. The knee-joint of this patient originally formed a right angle, but she was now enabled to put her toes to the ground, though she was still obliged to use crutches. He (Mr. Liston) would get the knee extended an inch or two more, if possible, not quite straight, however, as the patient would not walk so well as though it were slightly bent. He hoped, by dividing the tendon of the biceps, to produce this extension.

He (Mr. L.) had also latterly divided the tendons of the toes—an operation, he believed, entirely new—for a common deformity. We often found the toes bent permanently; the middle toe, generally, sometimes the little toe, which stood up above the others. This deformity was either congenital, or arose from the use of tight shoes. The integument on the convexity of the joint became thickened, and a corn formed. The pain in these cases was sometimes so severe that the patient begged that amputation might be performed. A corn, as the students were aware, not only consisted in a thickened state of cuticle, but there was often a small adventitious bursa underneath it; this bursa sometimes inflames and suppurates; here was a specimen in which this was seen (showing a preparation), and in this case the toe was amputated. In this specimen the papillæ of the cutis were also much enlarged; this occurred from the greater demand for the secretion of cuticle, as was also observed in the paw of the dog. Some chiropodists, as his friend, Mr. Durlacher, were very dexterous in cutting out a corn, and with scarcely any pain, by which means a cure was effected; but in cases in which the toe was, from its awkward position, constantly subjected to pressure, the suffering was much increased, and interference with the corn was of little use. It was in such cases that patients applied for the performance of amputation. He (Mr. L.) had some time ago been requested by a gentleman, to amputate both his little toes, which had become affected in the way described. In this case he did not wish to remove the toes, but the suffering was so great that the patient insisted on its being carried into effect. At length it was agreed that one toe should be removed, on condition that the other toe should be treated as he (Mr. L.) wished, by the division of the extensor tendon. This proceeding was accordingly adopted. The toe, the tendon of which was divided, was brought into its proper position, and the foot soon became healthy and well. The patient was laid up with the foot from which the toe had been removed, for five or six weeks, an abscess having formed on the dorsum; and he did not go sound for long after with this foot, while with the other he need not have been confined a single day. He (Mr. L.) had operated on cases of a similar nature successfully, and had others under his care in which he meant to pursue the practice. It did not deserve the name of an operation, being unattended with pain, or the loss of more than one drop of blood.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 29, 1838.

MEDICAL COLLEGE OF GEORGIA.

As the profession at the North are not generally acquainted with the internal construction of the medical institutions of the Southern States, the idea suggested itself that a short sketch of one of them would not be considered a useless article by northern readers. And in the following observations upon this Medical College, as an individual school, we shall also avail ourselves of such facts as are at command, to show that efforts are making there to raise the standard of professional character.

The Medical College of Georgia was organized only a few years ago; yet every department exhibits that kind of strength which commands the respect of well-educated men. There is now in press an elaborate paper, embracing a detailed history of its operations from the beginning, and which, when published, on the authority of the board of directors, will conduce, we apprehend, very much to the advantage of the College, by exhibiting its claims to public patronage.

There is invested in this college, exclusive of the lot of land on which the edifice is erected, in the City of Augusta, $35,000, which was a donation. The buildings cost $17,000; and the museum, chemical apparatus, library, &c. &c., $18,000 more. Besides these large sums, the trustees have a fund of $5,000 for contingent expenses, invested at an interest of eight per cent.

There have been but few changes, comparatively, in the internal administration of its affairs, since its creation. Dr. John Dent, the first Professor of Theory and Practice of Medicine, served but one session, and was succeeded by Dr. Alexander Cunningham, who held the chair, with honor, five years, and finally resigned, only a short time since, in favor of his friend Dr. Ford, who is now in the chair of the Institutes and Practice of Medicine. This gentleman received a degree at the University of New York, in 1822, and was originally appointed to the professorship of Chemistry and Pharmacy, when the Medical College of Georgia was organized. Subsequently he resigned his place in favor of Dr. C. Davis. Last season he officiated in the chair of the Institutes of Medicine and Medical Jurisprudence, and since that period he has been elected professor of that department.

Dr. Paul F. Eve, Professor of Surgery, graduated at the University of Pennsylvania, in 1828, and the year following sailed for Europe, where he remained till 1832, when he was elected to fill the chair of surgery in this institution. During his absence he officiated as a surgeon in the unfortunate revolution of Poland, and received from the Polish government, as an acknowledgment of his devotedness, skill and humanity, the cross of honor.

Dr. Milton Antony, the Professor of Obstetrics and Diseases of Women and Children, who should be regarded as the father and founder of the school, received an honorary degree of Doctor in Medicine from the Medical College of South Carolina, in 1823. He has been a practitioner since 1809—having the previous year attended a full course of lectures at Philadelphia. Dr. Antony is the present editor of the Southern Medical and Surgical Journal.

Dr. G. M. Newton, Professor of Anatomy, graduated at the old Medical School of Philadelphia, in 1831. He then sailed for Europe, where he remained two years, preparing himself for his present distinguished place.

Dr. Dugas, whose province is Physiology and Pathological Anatomy, received a degree from the University of Maryland, in 1827—having previously devoted himself one season to a course of lectures in Philadelphia. He had been three years in Europe before receiving an appointment. In 1834, he again visited Europe, and travelled on the Continent. He there purchased the present museum, chemical apparatus and library.

Dr. Charles Davis, Professor of Chemistry and Pharmacy, is one of the Jefferson Medical College pupils, of Philadelphia. For a time, if our memory serves, he was an Adjunct Professor of Chemistry there. Afterwards he was appointed to teach the same branches in the Medical College of South Carolina, where he remained three years; but in 1837, on the resignation of Dr. Ford, was inducted into his present office, in Georgia.

The professors of Anatomy and Chemistry receive for the lecture tickets, $20 each, and devote their whole time to the College, neither of them being practitioners of medicine. The first is Dean of the Faculty, and Demonstrator of Anatomy in the dissecting room. Each of the other professors receives a fee of $15. Graduation fee, $30. From five to six anatomical lectures are given weekly. On physiology and pathological anatomy, and materia medica and chemistry and pharmacy, three times a week. Institutes and practice of medicine, four times a week, the ensuing winter, and in future seasons, from five to six times each week. Lectures on the principles and practice of surgery, and on obstetrics and diseases of women and children, four times a week, each. All the lectures are delivered in the morning, so that the students are not interrupted in the dissecting room in the remaining half of the day. Peculiar generosity is manifested in this important appendage of a medical school—the dissecting room—where the student is admitted free of all expense.

Thus it will be seen that efforts have been made, and are continually in force, in the far-off State of Georgia, which are worthy of all commendation. If the people would be content to allow this institution to fix the standard of medical qualifications, they would soon be proud of their physicians and surgeons, educated near their own homes; but such is the rage for undermining and trampling under foot whatever was once respectable in the profession of medicine, in this country, that it would not be at all surprising if Georgia should become the Eldorado of quacks, notwithstanding the strength and resistance of their greatest enemy, the Medical College.

In 1826 the State established a board of physicians to examine all candidates, even those possessing diplomas, who proposed practising the profession of medicine within the Commonwealth. This commission had also the power to regulate the qualifications of the apothecaries. The annual meetings were at Milledgeville, the capital, and prevented all unqualified persons from exercising the healing art. In 1836, however, just as the system became well understood, and its success apparent, the legislature, not by any means in its wisdom, enacted a law by which Thomsonians were permitted to dabble in red pepper and lobelia, just as they chose, which so thoroughly disgusted all sensible men, that the medical board, previously so respectable, deriving its authority from the same legislative body, have never had a meeting since, nor will it, it may be presumed, till, by the force of law, quackery is again discountenanced. There are now no restrictions on the practice of medicine in Georgia—each man doing that which seemeth right in his own eyes.

In connection with these remarks, it is not out of place to make honorable mention of Drs. Smett, Abbot, Fort and Haynes, who have been greatly distinguished in Georgia for high medical attainments, and for their political elevation in the national councils.

New School for Medical Instruction.—To the several private medical schools, in this city, already before the public, a new one is now added; and, judging from the array of talent and of names well known to the profession, we may safely predict from this association a long career of usefulness to the pupils who may resort to it for instruction, as well as success and prosperity to the institution itself.

Curvature of the Spine.—A pamphlet, containing two papers, recently published in this Journal, on curvatures and other diseases of the spine, in the form of familiar letters, addressed to J. C. Warren, M.D., by the author, John B. Brown, M.D. seems to be circulating to good purpose. We wish it might be the means of giving notoriety to his infirmary, at No. 65 Belknap Street, which has been instituted expressly for the treatment of spinal distortions, club feet, &c. It is our intention to examine Dr. Brown's apparatus, whenever he may be at leisure to explain his system of practice, with a view to the benefit of a wretched class of sufferers who may be totally ignorant of the existence of an institution expressly devoted to their service.

Medical Examination.—At the examination of medical students, candidates for the degree of M.D. in Harvard University, held on Monday the 20th inst., the following gentlemen were examined and approved for public examination on Friday. Messrs. Adams, Blood, Bradstreet, Brewer, Briggs, Cutler, Gerry, Goff, Lyon, Mack, Stone, Tucker, Wellington and West.

Geneva College.—The faculty have sent abroad their annual circular, which shows that every proper effort is making to produce good and able physicians and surgeons. Dr. D. L. Rogers, of New York, is an important, and, doubtless, gratifying acquisition to the medical faculty of the institution. The cost of the lectures is only fifty-five dollars. Dr. John Stevens and Dr. John W. Francis, both of the City of New York, are the curators.

Progress of Surgery and Medicine in Sicily.—That indefatigable writer and eminent operator, Dr. Portel, of Palermo, has sent forth another small publication, which was received here last week. A translation of such parts as are of general utility, is already in progress. It gives us pleasure to hear of the author's promotion, by the King of Naples, to the most important medical office in the gift of the crown, in which the emoluments are a compensation for the exercise of great talents, science and untiring industry.

Medical Miscellany.—The Albany Medical Society have resolved to wear mourning, thirty days, as a token of respect for the memory of the late Dr. Lewis B. Gregory, of that city.—Jefferson Medical College is now an independent school, by charter, having discontinued its connection with Jefferson College, at Canonsburg. The circular is abroad for the present year. The lectures commence the first Monday in November. There is a degree of enterprise exhibited in this school worth copying by all similar institutions.—The commencement of Geneva College was held on Wednesday last. The degree of M.D. was conferred on two in course. The honorary degree of M.D. was conferred on Dr. Richard Wells, Dr. F. T. Ferris and Dr. Ishiel Stearns.—Amputation of nearly half the under jaw has been recently performed successfully in Georgia, the particulars of which are promised, shortly, on the authority of a medical gentleman of Augusta. The disease was osteo-sarcoma.

Whole number of deaths in Boston for the week ending August 25th, 38. Males, 19—females, 19.

Consumption, 2—dysentery, 2—scarlet fever, 2—infantile, 2—cholera infantum, 3—inflammation of the bowels, 1—hooping cough, 2—disease of the heart, 1—mortification, 1—typhous fever, 1—fits, 4—marasmus, 1—water on the brain, 1—old age, 2—insane, 1—sudden, 1—teething, 2—cholera morbus, 1—child-bed, 1—dropsy in the head, 1—apoplexy, 1—stillborn, 3.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The Lectures in this Institution will commence on the first Monday in November, and continue for four months.

J. Augustine Smith, M.D., Professor of Physiology.

Alexander H. Stevens, M.D., Professor of Clinical Surgery. (Lectures at the New York Hospital.)

Joseph Mather Smith, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

Edward Delafield, M.D., Professor of Obstetrics and the Diseases of Women and Children.
John B. Beck, M.D., Professor of Materia Medica and Medical Jurisprudence.
John Torrey, M.D., Professor of Chemistry and Botany.
John R. Rhinelander, M.D., Professor of Anatomy.
Alban G. Smith, M.D., Professor of the Principles and Practice of Surgery.
Robert Watts, Jr., M.D., Lecturer on Special Anatomy.

The expense of attending a course of Lectures by all the Professors, is $108.

Attendance upon two complete courses of Lectures is necessary to entitle the student to present himself for graduation, one of which must have been attended at this College. He must also have studied medicine three years, and attained the age of twenty-one years.

Two opportunities in each year are afforded for graduation; one on the first Tuesday in April, and one on the last Tuesday in October.

The examination of Candidates for the Spring graduation commences on the first of March, and for the Fall graduation on the 2nd Tuesday in September.

College Building.—During the last year, the new and extensive College edifice in Crosby Street has been completed. In its construction, no effort has been spared to provide within its walls every accommodation that may be necessary for carrying on the business of instruction in the various departments of Medical Science, and it is believed that in no one respect will it be found wanting in the great objects for which it was designed. To the planning of the Anatomical part of the building, especial attention has been paid, with the view of furnishing every convenience and accommodation that may be required for teaching Anatomy, as well as for private dissection. In addition to the public dissecting room, a number of smaller rooms have been fitted up, where Anatomical investigations may be pursued in a more retired and private manner.

New York Hospital.—This Institution accommodates about two hundred and fifty patients, and presents every variety of disease and accident to which the human frame is liable. Situated in the very heart of the city, and within a few minutes walk of the College, it possesses the great advantage of being easy of access, without any loss of time, and the students have daily opportunities of witnessing the practice of the house.

New York Ear and Eye Infirmary.—The average number of patients who resort annually to this Institution, for professional advice, amounts to upwards of one thousand. It thus furnishes the amplest field for observation and instruction in the various diseases of the Eye and Ear. It is opened gratuitously to the students of the College.

J. AUGUSTINE SMITH, M.D., *President.*
N. H. DERING, M.D., *Registrar.*

New York, June 25, 1838. Aug 29—tN1

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by Dr. Channing.
On Physiology, Pathology, Therapeutics, and Materia Medica, - - " Dr. Ware.
On the Principles and Practice of Surgery, - - - - - - " Dr. Otis.
On Anatomy, - - - - - - - - - - - - " Dr. Lewis.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are $100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—tf

MEDICAL INSTITUTION OF YALE COLLEGE.

The course of Medical Instruction in Yale College begins on Thursday, November 1st, 1838, and it continues seventeen weeks. The several branches are taught as follows, viz.

Theory and Practice of Medicine, by - - - -	Eli Ives, M.D.
Chemistry and Pharmacy, by - - - - - -	Benjamin Silliman, M.D. and LL.D.
Materia Medica and Therapeutics, by - -	William Tully, M.D.
Principles and Practice of Surgery, by - - -	Jonathan Knight, M.D.
Obstetrics, by - - - - - - - - -	Timothy P. Beers, M.D.
Anatomy and Physiology, by - - - - - -	Charles Hooker, M.D.

The matriculation fee and contingent bill are $7,50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are $12,50 each, and for Obstetrics $6.00—amounting to $76,00—the whole to be paid in advance. The graduation fee is $15,00.

Yale College, Aug. 16, 1838. A29—6w CHAS. HOOKER, *Secretary.*

FOR SALE.

The house now occupied by Dr. Eli Hall, together with 30 or 40 acres of good land. The house is well constructed, two stories high, almost new, in good style, large and commodious rooms, superior cellar, wood-house, well, carriage-house, and horse-barn attached. Also a variety of excellent, selected fruit trees—cherries, plumbs, pears and apples. Possession given to suit the purchaser. Few situations can be found more desirable for a physician or lawyer. Terms very low.

For further particulars inquire of J. H. Flint, M.D., Springfield; C. A. Hall, M.D., Northampton; H. H. Hall, No. 55 Kilby Street, Boston, or at the premises.

Blandford, Mass., August, 1838. Aug 8—6w

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT, N. Y.

The annual course of Lectures will commence on the first Tuesday of October and continue sixteen weeks.

On Midwifery, - - - - - - - -	Westel Willoughby, M.D.
On Chemistry and Pharmacy, - - - - - -	James Hadley, M.D.
On Anatomy and Physiology, - - - - -	James McNaughton, M.D.
On Theory and Practice of Physic, - - - - -	John Delamater, M.D.
On Materia Medica and Medical Jurisprudence, - -	T. R. Beck, M.D.
On Principles and Practice of Surgery, - - - - -	James McNaughton, M.D.

In consequence of the removal of Dr. Mussey to Cincinnati, the course on surgery will be delivered by Dr. McNaughton from the present session, and until the vacancy is filled by the Regents of the University.

Price of all the tickets, $56.

The College possesses a valuable medical library, an anatomical museum, and an extensive collection of minerals. A large number of students can be accommodated with rooms in the college buildings, and good private rooms are to be had in the village, at a moderate expense.

It is believed that no medical institution in the country affords greater advantages at so moderate an expense. The situation of the institution is healthy, and students are not exposed to the many allurements to idleness and dissipation which interfere with study in larger towns. The whole expense of a full course, including board, needs not exceed $100. By order,

JAMES HADLEY, Register.

N. B.—Ample opportunities for dissection are offered at a moderate cost, under the direction of the professor of anatomy. Aug. 22—ep4t

---

HARVARD UNIVERSITY—MEDICAL LECTURES.

The Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by - - - -	Dr. J. C. Warren.
Midwifery and Medical Jurisprudence, by - - - - -	Dr. Channing.
Materia Medica and Clinical Medicine, by - - - - -	Dr. Bigelow.
Principles of Surgery and Clinical Surgery, by - - -	Dr. G. Hayward.
Chemistry, by - - - - - - - -	Dr. Webster.
Theory and Practice of Physic, by - - - - - -	Dr. Ware.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,
Dean of the Faculty of Medicine.

Boston, July 23, 1838. Aug 1—tN

SCHOOL FOR MEDICAL INSTRUCTION.

The Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - -	Dr. Bigelow.
On Anatomy and Surgery, by - - - - - - - - - -	Dr. Reynolds.
On Midwifery and Chemistry, by - - - - - - - - -	Dr. Storer.
On Physiology and Pathology, by - - - - - - - - - -	Dr. Holmes.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, August 17, 1838.

Aug 22—ep3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid.*